

United States Senator George Allen

Application Packet Service Academy Nominations

Senator George Allen
ATTN: David Gardner
507 East Franklin Street
Richmond, Virginia 23219
(804) 771-2221
David_Gardner@Allen.Senate.Gov









APPLICATION PROCEDURE AND CHECKLIST

Each applicant must contact each Academy to which they are seeking a nomination in order to open a pre-candidate file and receive a pre-candidate questionnaire. It is also the responsibility of each applicant to make sure his/her application packet is complete before it is submitted to Senator Allen's office. Our office will not accept incomplete packets.

Please note that all of the information below is required for an application packet to be complete and must be returned at one time in order for a file to be considered for

nomination. 1. **Application Form** – Complete application form. 2. **Photograph** – Please attach a recent photograph of yourself to the application form. 3. **Transcripts** – Make sure the transcript includes course listings and grades, current G.P.A., class rank, size of your graduating class, and if available, SAT/ACT scores. THE OFFICIAL TRANSCRIPT SHOULD BE RETURNED TO YOU IN A SEALED ENVELOPE WITH AN OFFICIAL SIGNATURE ACROSS THE SEAL. 4. SAT/ACT Scores – If transcripts do not include a copy of official SAT/ACT scores, please note the scores can be forwarded to our office using the following codes: SAT- 0236 ACT- 7191. We must have an official copy of your SAT/ACT scores. 5. Essay Answering the Questions Listed in the Application – See application for further instructions. Essay should be typed and no longer than 500 words. **Optional-**You may also include a copy of the essay submitted to the academy of your first choice. 6. Evaluation Forms – Please notice there are (3) evaluation forms that need to be completed. The enclosed forms should be completed by someone who knows you well. Please do not have family members complete the forms. PLEASE HAVE EVALUATORS RETURN COMPLETED FORMS TO YOU IN SEALED ENVELOPES WITH THEIR SIGNATURES ACROSS THE SEAL. 7. **DEADLINE** – Packets must be postmarked by **October 1, 2003**.

> Senator George Allen ATTN: David Gardner 507 East Franklin Street Richmond, Virginia 23219

Send all completed packets to:

APPLICATION FOR NOMINAION TO SERVICE ACADEMIES SENATOR GEORGE ALLEN'S OFFICE

PLEASE TYPE OR PRINT

 Name in 					
	Last		First		Middle
2. Social S	ecurity Number: _			3. email: _	
4. Permane	ent Home Address:	:			
5. Tempora	ary Address (if app	olicable):			
					U.S. Citizen? Y/N
8. Date and	d Place of Birth: _			9.	. □Male □Female
10. Name o	of Parent(s) or Leg	al Guardian:			
11. Addres	s (If different from	n above):			
12. Are yo	u a legal resident o	of the State of Vi	rginia? Yes	s / No	
13. Any im	nmediate family me	ember(s) associa	ted with the US M	ilitary or a	Service Academy?
14. Please	fill in all other serv	vice academy no	mination sources to	o which yo	u are applying.
Membe	er of Congress		of the		District
Senator	r Warner	President	Vice Presid	dent	JROTC
15. Name a	and Address of Hig	gh School/ Colle	ge currently attend	ing:	
16. Date of	f Graduation:				
17. GPA -	4.0 scale (unweigh	nted):(weighted):	Non 4.0) scale:
18. Class ra	ank (if applicable)	:of_	(Top	%)	
19. SAT S	cores: Math	Verbal	Date taken		
20 ACT S	cores: Math	Verbal	Reading	Science F	Passoning

ACADEMY PREFERENCE

Note - You must have requested and returned a pre-candidate questionnaire to each academy in which you are interested in receiving a nomination from Senator Allen. You will not be considered for an academy if you have not submitted a pre-candidate questionnaire.

1.	. Please list the service academy that you have the most interest in attending?		
2.	If you have interest in an academy as a second choice and have opened a file, please list that academy?		

EXTRACURRICULAR ACTIVITIES

Please list your involvement in activities in the following categories. Include information relative to offices held, leadership positions held, awards and honors received. Show also dates of involvement in each activity. Use an additional sheet if needed.

	tes of involvement in each activity. Use an additional sheet if needed.
A.	SCHOLASTIC ACTIVITIES, AWARDS, HONORS
B.	INTERSCHOLASTIC/ORGANIZED SPORTS- PLEASE NOTE LEADERSHIP POSITIONS
D.	SCHOOL AND CLASS OFFICES HELD- PLEASE NOTE LEADERSHIP POSTIONS
E.	OTHER ACTIVITIES – CHURCH, CIVIC, POLITICAL, BOY SCOUTS, MILITARY RELATED ACTIVITIES (SUCH AS JROTC, ACADEMY SUMMER SEMINARS, AIR PATROL, RESERVE COMPONENTS, ACTIVE DUTY, ETC.), OTHER SCHOOL ACTIVITIES
F.	WORK EXPERIENCE- PLEASE HIGHLIGHT ANY MANAGEMENT EXPERIENCE

will be by July	y 1, 2004; I am at least 17 but i	of my knowledge. I am a United States citizen, or not yet 23 years of age on July 1, 2004; unmarried; d a legal resident of the Commonwealth of Virginia.
Signature		Date
		ESSAY
* Mandatory the following	-	nts : Write an essay, 500 words or fewer, answering
0 0	Why are you seeking a nom Why do you feel you are qu Why do you want to be com	ination? alified? missioned?
Optional sub eyour first choi	•	e a copy of the essay submitted to the academy of
	<u>ACKNO</u>	<u>DWLEDGMENT</u>
	Senator Allen consider my app Academy or academies that I	lication for a Congressional nomination to the United have listed.
all the reques		tions is October 1, 2003. If I have not submitted by this deadline, I understand that my n.
Signati	ure	Date
Return applica	ation postmarked no later than	Wednesday, October 1, 2003 to:

Senator George Allen ATTN: David Gardner 507 East Franklin Street Richmond, Virginia 23219

Name of Applicant	

EVALUATION FORM

The person named above is applying for admission to one or more of the United States Service Academies. The academies provide a college education leading to commissioning as an officer in the Armed Forces. The questions asked here will help us select the best possible candidates. By law, all admissions materials must be shown to a student upon request. We know that we are asking you for considerable time and effort to complete this form. Please know that your generous help is greatly appreciated. When completed, please place the form in a sealed envelope, signed across the flap, and return it to the applicant for inclusion in the completed application packet. Thank you.
How long have you known the applicant and in what capacity?
2. Tell us about the applicant's talents or strengths for leadership.
3. What do you consider the applicant's weaknesses?
4. How does the applicant handle stressful situations?

5. Do you know of any per performance at the academ		
6. Please rank the applican	t among his/her peer group	
7. Has the candidate expre	ssed specific interest in the	military as a career?
8. General comments, eval necessary)	uation, and/or recommenda	ntion (please use additional sheets if
NameSignature	Date	
NamePrinted	Title	Phone Number

Name of Applicant	

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1. How long have you known the applicant and in what capacity?
2. Tell us about the applicant's talents or strengths for leadership.
3. What do you consider the applicant's weaknesses?
4. How does the applicant handle stressful situations?

	5. Do you know of any personal circumstances that might affect the applicant's performance at the academy?	
_		
6.	6. Please rank the applicant among his/her peer group.	
	Excellent, among the best I have known Very good, stands out in peer group Above average Average Below average	
7.	7. Has the candidate expressed specific interest in the military as a career?	
	3. General comments, evaluation, and/or recommendation (please use additional shemecessary)	ets if
Na	Name Date Signature	
Na	Name Title Phone Number Printed	

Name of Applicant	

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2. Tell us about the applicant's talents or strengths for leadership.
3. What do you consider the applicant's weaknesses?
4. How does the applicant handle stressful situations?

5. Do you know of any personal performance at the academy?		
6. Please rank the applicant amo	ong his/her peer grou	ıp.
Very good, stands Above average Average	he best I have know out in peer group	n
Below average		
7. Has the candidate expressed s	specific interest in th	e military as a career?
8. General comments, evaluation necessary)	n, and/or recommend	dation (please use additional sheets if
NameSignature	Date	
		Phone Number